# THE FINSEN LIGHT TREATMENT FOR LUPUS

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Among the many disfiguring and blighting diseases which have fallen upon mankind, lupus takes, unfortunately, a prominent place. Until quite recently medical science has sought a cure in vain. Treatment by cauterization and scraping left a permanent scarring, with more than a probability of recurrence. The discovery that lupus was due to the presence of the tubercle bacillus was a step in advance. Dr. Finsen, after years of persevering work, came at last upon what promises to be a complete cure.

Quietly in Copenhagen was established an institute where his discovery was put to a practical test, with results which so far have been most satisfactory.

Queen Alexandra—then Princess of Wales—was greatly interested in the new cure and animated with the desire to introduce it into her adopted country.

To the great East End Hospital, where thousands who have not the means of procuring help in sickness are given freely the benefit of the highest skill and most recent discoveries of medical science, a "lamp" was sent, and an English physician with two trained nurses went out to attend the Finsen clinic and learn the methods in use there.

Nearly two years ago the "Light Department" was opened at the London Hospital, with one "lamp" and a small number of patients. The results and the numerous applications for treatment justified the introduction at different dates of two other Finsen "lamps;" later on one of these was removed, four French "lamps" occupying the vacant space.

The work is carried on in a temporary building divided into four rooms, and on entering a pleasant first impression is given by many open windows, light and flowers, with a general air of cleanliness and order.

The Finsen apparatus consists of a very powerful electric arc light surrounded by a metal screen. From below this screen project four metal cylinders, each fitted with four lenses, by means of which the rays are focussed on the affected skin. Between the two lower lenses is a chamber containing distilled water, and in passing through this most of the heat-rays are absorbed. Round this chamber is an outer jacket through which cold water circulates. This keeps the distilled water cool, and then passes by means of rubber tubes into the "pressure

glass," which the nurse holds on the spot indicated for treatment. The patient is exposed to the light for a full hour, and during that time it is the nurse's duty to keep the glass at the correct focus, and also to exert a firm pressure on the skin, in order to drive the blood from the surface, thus enabling the violet and ultra-violet rays (which alone are used) to penetrate more quickly.

A few words must here be said about the treatment of the skin before the application of the light. All raw, ulcerated, or sloughing surfaces must be cleansed and healed first, otherwise the pressure of the glass is exceedingly painful to the patient; such cases are usually submitted to the X-rays, which accelerate the healing process, but have no permanently beneficial effect upon the disease itself.

Scabs and crusts are removed by means of pyrogallic ointment, and then boracic fomentations are applied until the parts are thoroughly clean. The patient is now ready for the application of the light, and a spot is chosen about an inch in diameter, where the characteristic brown nodules appear most active, on the outer margin of the affected area. This spot is carefully marked round with blue pencil and cleansed with antiseptic lotion. The patient is then placed upon a couch or rocking-chair tilted to a convenient angle, the affected spot placed at a correct focus, and the pressure-glass firmly applied. The exposure lasts for one hour, and the place is then dressed with some soothing ointment, boracic acid being chiefly used.

From six to twelve hours after the treatment a certain reaction takes place in the tissues and a varying amount of inflammation sets in, followed by vesication. This will take, in most cases, from a week to ten days to heal, and in the meantime a fresh set of nodules may be treated, until the light has been applied to the whole area of the disease. When each spot has been submitted to the treatment a sufficient number of times, supple and healthy scars are left with no thickening or contraction of the tissues,—there may be some slight pigmentation of the skin caused by the light, but this soon disappears and little remains to be seen.

At the end of each hour the nurses thoroughly clean and disinfect the tubes and pressure-glasses, then scrub their hands and arms with soap and water, and prepare for their next patient.

Each nurse has her own basin, soap, towel, and nail-brush. They work in holland overalls with arms bare below the elbow. Smoked glasses are used when in attendance at the "lamps," the light being very dazzling and trying to the eyes.

The work starts in the morning at eight-thirty, and the last set of patients leaves at six-forty-five P.M., after which everything is cleaned

and left in perfect order for the next day. The nurses are employed in the department for a period of three months only—for the work is very trying on account of the constant watching necessary to focus the rays and keep them on the exact spot, and because of the long sitting in one position, as well as from the monotonous nature of the work itself.

Two sisters are in charge of the department. They superintend the work and dressings, besides teaching the probationers.

The French lamps are a modification of those used by MM. Lortet and Genoud, of Lyons, and they are much simpler in construction than the Finsen lamps. They consist of a pressure-glass fixed into a double metal shield, through which there is a continual flow of cold water. The carbons are placed immediately behind the lens and the affected part pressed firmly against it; by this means the light is brought so near the skin that an exposure of from fifteen to thirty minutes is all that is necessary to produce a reaction.

Sun treatment has been abandoned at the London Hospital. Among the fogs and clouds and changeable weather of an English climate, sunlight for long is too rare a thing to be counted on, and the necessity of a retreat from the open air to the electric lamps indoors, occurring often even on summer days, has made it impracticable.

Considerably over two hundred patients are under treatment at the present time and, in spite of the fact that similar departments have been started at other hospitals, two hundred and fifty applicants are waiting for admission, with a hope, which seems now well founded, of a permanent cure.

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## IVY POISONING: WITH REPORT OF A CASE

By RUTH BREWSTER SHERMAN
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It fell to me to treat this case without a physician, because in my Southern home, where so much life is spent out-of-doors and vegetation is rank, ivy poisoning is a yearly emergency familiar to all. My patient was a girl of seventeen (usually well-nourished and healthy, but at this time rather anæmic and run-down), who took a leaf of common poison ivy away from a younger child, using her right hand, and immediately after washed her own hands and face in running water. Twelve hours later an outbreak of poison appeared over the face, neck, and hands (being particularly severe on the right) and a little later on the feet, evidently carried by the hands. The younger girl was not affected.

The patient was put to bed, isolated, and the usual treatment